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Megan Martins
Endicott College

Valerie Smith
Endicott College

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Practitioner Responses to DSM Categorization of Hoarding

Megan Martins & Valerie Smith

Endicott College

Abstract

The Obsessive Compulsive Disorder subtype, Hoarding, is a growing topic of interest in the field of Psychology. Many researchers have debated over whether Hoarding should be categorized as a subtype of Obsessive Compulsive Disorder or as its own separate disorder because of the insufficient research on Hoarding. This study sought to find out what other licensed psychologists' opinions were on the debate. Twenty one females and eight males participated in a survey that consisted of questions covering three domains: attachment, beliefs, and decision-making. This survey also included an essay question which the participants may elaborate further on what their opinions are on the debate. Results indicated that the majority of the participants believe that Hoarding is a separate disorder. These results implicated that researchers should explore other factors that could help properly classify Hoarding.

Keywords: Hoarding, DMS, Obsessive Compulsive Disorder, Decisions Making

Introduction

Prior to the 1990s, Hoarding was unnoticed because of the limited research that was available. Recently, reality television shows and other media have pushed awareness to the general public about this unique disorder ("International OCD Foundation", 2010). There has been an ongoing debate on whether Hoarding is a subtype of OCD or a separate disorder. Many researchers are torn between acknowledging Hoarding as a subtype of Obsessive Compulsive Disorder, or that Hoarding is a separate syndrome. Currently, researchers have not come to a resolution on what Hoarding should be classified as.

According to the Diagnostic and Statistical Manual of Mental Disorders, Obsessive Compulsive Disorder (OCD) is defined as "recurrent obsessions or compulsions that are severe enough to be time consuming or cause marked distress or significant impairment" (DSM-IV, 1994, pg. 417). According to the World Health Organization, 1.6% of the world population is affected by Obsessive Compulsive Disorder (Moulding, Kyrios, Doron, & Nedeljkovic, 2009). Researchers have taken the symptoms of OCD and characterized them into five major groups: "contamination/washing, harm obsessions/checking, symmetry and ordering, unacceptable thoughts, and hoarding" (Tolin, Woods, & Abramowitz, 2003, p.657).

Nedelisky and Steele (2008) stated that Hoarding is defined as "the acquisition of, and failure to discard a large number of possessions that appear to be useless or of limited value" (p.365). Among the 1.6% of people who are affected by OCD, Saxena (2007) stated that 30-40% of individuals with OCD have Hoarding as a part of their symptoms. Only 10% of those individuals have Hoarding as their dominant symptom. The symptoms of this disorder include "excessive acquiring, failure to discard

possessions, clutter that prohibits activities that living spaces are designed for, and significant distress or impairment in functioning caused by this subtype" (Gilliam & Tolin, 2010, p.94-95). Hoarding develops when there is an increase in attachment for a possession and the extreme fear of losing that possession (Saxena, 2007).

The following literature review will explore the relationship between Obsessive Compulsive Disorder and Hoarding through three domains; attachment, beliefs, and decision-making. This study will also explore the psychologists' perspective on whether Hoarding is a subtype of OCD or it is a separate disorder. This is of importance to research because this study will gather opinions from other psychologists as a way to strengthen the debate.

Beliefs & Attitudes

An individual with OCD is more likely to have a strong need for control. Moulding, Doron, Kyrios, and Nedeljkovic (2009) explained that individuals with OCD are strongly supportive of their beliefs about the importance of controlling their thoughts. When there is a lack of control in one's life, an individual with OCD tend to label themselves negatively and internalize their negative thoughts (Moulding et al., 2009). Similar to OCD, hoarders also believe that it is their responsibility to control their environment. Steketee, Frost, and Kyrios (2003) stated that hoarders believe they need to take responsibility for their items and have control over their environment.

Steketee, Frost, and Kyrios (2003) explained that, in order for Hoarding to develop, the hoarder must have beliefs about being attached to their possession and feeling responsible for their possession. Steketee, Frost, and Kyrios (2003) also stated that hoarders over emphasize the importance of

remembering information. A hoarder would evaluate the consequences of forgetting the information even if the information is not valuable (Steketee, Frost, & Kyrios, 2003).

Attachment

The development of OCD symptoms are attributed to negative events that occur throughout life. These negative events may cause attachment issues and negative views on the self. Individuals with OCD have a misconstrued picture of themselves, others, and the world around them (Doron, Moulding, Kyrios, Nedeljkovic, & Mikulincer, 2009). According to Doron et al. (2009), OCD symptoms have been related to over analyzing how dangerous the world is, trying to be perfect in front of other people, lacking the confidence to perform well at a job, and anxiety because they desire perfection. The desire to be perfect draws an individual away from building relationships with other people because the individual believes that he/she is capable of handling extreme situations by themselves (Doron et al., 2009).

Frost, Hartle, Christian, and Williams (1995) stated that, unlike an individual with OCD, a hoarder shows extreme attachment toward objects. Hoarders tend to provide their possessions with human like characteristics (Frost et al., 1995). According to Nedelsky and Steele (2009), a hoarder's attachment with his/her possessions symbolizes the comfort that the hoarder experienced in childhood.

Moreover, Frost et al. (1995) stated that hoarding objects can add to an individual's identity. Frost et al. (1995) described how a hoarder has a difficult time being apart from their possession and that once their possession is taken away by a third party, the individual feels that the world is valueless. As mentioned by Doron et al. (2009), an individual with OCD does not view the world as valueless; they view the world as threatening.

Hoarding and OCD are similar in regard to the responsibility of protecting oneself from harm. According to Frost, Hartl, Christian, and Williams (1995), hoarders feel that they are responsible for avoiding the negative consequences that may come from discarding items. This is similar to OCD because these individuals feel an increase in responsibility to avoid negative consequences by performing rituals (Frost et al., 1995).

Decision-making

Decision-making deficiencies are one of the symptoms in both OCD and Hoarding. Foa et al. (2003) stated that individuals with OCD require more

time to finish problems that contain a variety of answers and requested more information on solving different algebraic tasks (Foa, et al., 2003). The request for more information represents the lack of confidence one feels when conducting a task (Foa et al., 2003). However, Tallis (1995) stated that even though individuals with OCD require more time to complete their tasks, the extra time that was provided helped them achieve higher accuracy.

Gilliam & Tolin (2010) explained that when deciding on what item to discard, it is difficult for a hoarder to distinguish between important and nonimportant items. This makes decision making difficult because there is not a clear distinction between the two types of items (Gilliam & Tolin, 2010). Frost and Hartl (1995) stated that the reason why there is a tendency to use avoiding behavior while making decisions is because a hoarder is afraid of making a mistake. The hoarder avoids discarding the item by focusing on what it would feel like to not have the possession rather than focusing on the disadvantages of keeping the possession (Frost & Hartl, 1995). Frost & Hartl (1995) stated that a hoarder's beliefs about the negative outcomes of discarding an item contribute to the decision making process. The responsibility of harm, for both a hoarder and an individual with OCD, is one of the reasons for why there is a delayed decision response (Frost & Hartl, 1995).

Hoarding as a subtype of OCD

As many researchers took a deeper look into Hoarding, the debate on whether Hoarding was a separate syndrome or still a subtype of OCD was created. Obsessive thoughts are one main factor that ties Obsessive Compulsive Disorder together with Hoarding. According to Pertusa et al. (2008), 28% of hoarders with OCD had persistent thoughts about the consequences that would ensue after the possession is gone. Hoarders had anxious thoughts about their possession being thrown out by mistake because the hoarder felt that they are losing important items (Pertusa et. al, 2008).

A hoarder has particular difficulty getting rid of an item because they feel that the attachment to the item will be lost and the hoarder will feel vulnerable to any harm that will be endured. The concerns that a hoarder has represents the obsessions that an individual with OCD has. The urge that a hoarder has for collecting and keeping items represents the compulsions that an individual with OCD would have (Pertusa et al., 2010A).

Hoarding as a separate syndrome

Some researchers have proposed that hoarders are very different from individuals with OCD (Saxena, 2007). The obsessions/compulsions that an individual with OCD has do not apply to hoarders. Pertusa et al. (2010A), explained that the reason why obsessions/compulsions are not applicable to hoarders is because hoarders and individuals with OCD do not have the same thoughts. Unlike an individual with OCD, when a hoarder is being forced to get rid of an item, they express anger, not anxiety, to the confronter (Pertusa et al., 2010A).

With regard to treatment, OCD patients with Hoarding react differently than OCD patients. According to Saxena (2007), once a hoarder starts to live a cluttered lifestyle, they start to become less aware of their symptoms. Since a hoarder has become less aware of their symptoms, it takes them longer to seek and be willing to attend treatment. Pertusa, Frost, & Cols (2010B) stated that treatments regarding exposure therapy make hoarders less responsive to the treatment which therefore does not treat their symptoms. Based on the literature reviewed, the present study will explore the relationship between Hoarding and Obsessive Compulsive Disorder. Specifically, it is hypothesized that Hoarding may or may not be a subset of OCD.

Purpose of Study

The purpose of the study is to gain an understanding about the relationship between Hoarding and OCD within attachment, decision-making, and an individual's belief system. It is hypothesized that Hoarding may or may not be a subset of OCD. The relationship between Hoarding and OCD would be investigated through online surveys provided to licensed psychologists who have over one year of experience. The results may add to strengthen researcher's views on whether Hoarding is a subtype of Obsessive Compulsive Disorder or a separate disorder. Also, the results may create awareness about the information surrounding Hoarding.

Methods

Participants

In this study, there were 30 licensed psychologists. These psychologists do have at least a Master's degree and have over one year of experience. These psychologists are APA Division 12 members. There were females and males participating in this study. These participants are a convenience sample representing the United States.

Materials

In this study, participants completed an 11 question survey (see Appendix A) about their views on whether Hoarding should be a subtype of OCD or a separate disorder. This survey was utilized to measure the similarity and differences in opinion amongst the psychologists on the debate about Hoarding. This measure included statements such as "A hoarder needs control of their possessions just as an individual with OCD needs control of their thoughts" and asked the participants to rank the statement by a Likert Scale. The Likert Scale included a 5- point scale ranging from strongly agree to strongly disagree. The survey's questions highlighted three domains: attachment, belief, and decision-making. The attachment domain was represented by statements such as "An individual with OCD will show attachment toward objects like hoarders do." The belief domain was represented by statements such as "the responsibility of avoiding harm to oneself causes a delay in the decision-making process for hoarders." The decision-making domain was represented by statements such as "During the decision making process, hoarders have a difficult time separating the valuable from the nonvaluable items." The survey had one open ended question where the participants could express their opinions further in detail in their responses. The website, Survey Gizmo, was used to format the survey. In order to access Survey Gizmo, a computer with internet access was provided so that the researcher was able to email a request and the survey link to the faculty advisor who is an APA Division 12 member. An excel spreadsheet and the Statistical Package for the Social Sciences (SPSS) was required in the quantitative study for the researcher to record and analyze data.

Procedure

The researcher emailed the list serv request and the survey link to the faculty advisor who is part of the APA Division 12 list serv. The faculty advisor posted the request and the survey link onto the Division 12 list serv for the licensed psychologists to access. The survey method is appropriate for this study because it will adequately collect the psychologists' opinions. When the survey was accessed by the participant, the participant would agree to the informed consent (see Appendix B) by clicking to the next page. The survey was available for two weeks so the participants had enough time to complete it. After the survey was launched, the researcher collected 30 surveys to use for their data collection. To analyze the data, the researcher conducted frequencies and correlations from the data that was collected.

Results

The present study examined the hypothesis that based on the relationship between Hoarding and Obsessive Compulsive Disorder; Hoarding may or may not be a subset of OCD. The survey was distributed to thirty participants. The participants ranged in age from twenty five to seventy four with a median age of thirty nine ($SD=12.06$). The gender distribution of participants was twenty one females and eight males. There was one participant who did not clarify their gender in the survey. Also, these participants are located across the United States; ranging from California to Massachusetts.

Frequency distributions were run for all of the survey items. Responses are shown in Table 1.1. For question one, "a hoarder needs control of their possessions just as an individual with OCD needs control of their thoughts", 53.3% of the participants said "somewhat agree" while 23.3% of the participants said "strongly agree". As for question two, "an individual with OCD will show attachment toward objects like hoarders do", 30% of the participants said "somewhat disagree" while 26.7% of the participants said "somewhat agree". For question three, "individuals with OCD require more information and time on tasks because of their lack of confidence in their decision-making skills", 33.3% of participants answered "somewhat agree" while 23.3% of participants answered "somewhat disagree". As for question four, "for an individual with OCD, the responsibility of avoiding harm to oneself causes a delay in the decision-making process", 43.3% of the participants answered "somewhat agree". For question five, "during the decision making process, hoarders have a difficult time separating the valuable from the nonvaluable items", 80% of participants answered "strongly agree". For question six, "the responsibility of avoiding harm to oneself causes a delay in the decision-making process for hoarders", 30% of the participants answered "somewhat disagree" while 26.7% of participants answered "somewhat agree". For question seven, "attachment toward an item is to obsession as urges to collect is to compulsions", 53.3% of participants answered "somewhat agree."

A Spearman correlation was run for the three domains of this disorder. The correlations are shown in Table 1.2. As for the attachment domain, the results showed that question two and question seven had a strong correlation ($r(28)=.628$, $p=.00$). In regard to the decision-making domain, the results showed that question three and question five did not

have a statistically significant correlation ($r(28)= -.033$, $p=.862$). Also, in the beliefs domain, the results showed that question six and four had a statistically significant correlation ($r(28)=.388$ $p=.034$).

Question one and question six had no correlation ($r(28)= -.142$, $p=.454$) as well as question four and question one had no correlation ($r(28)= -.035$, $p=.853$). The attachment domain and the beliefs domain showed a strong correlation ($r(28)=.628$, $p=.00$, $r(28)=.409$, $p=.025$). The beliefs domain and the decision-making domain showed a statistically significant correlation ($r(28)=.345$, $p=.062$). Overall, the beliefs domain showed a positive correlation to the attachment and decision-making domains. The attachment domain and the decision-making domain did not have a correlation to the other.

An open ended question was used to have participants elaborate about their view on the debate. Ten participants expressed that Hoarding should be a separate disorder while nine participants expressed that Hoarding is a subtype. However, three participants expressed that they did not know there was a debate or did not know that Hoarding could be classified as either a subtype or a separate disorder.

The results showed five general themes within the participant's responses. One theme that was prevalent in the study was gene vs. behavior. A representative example of this theme is

"Hoarding may need to be looked at as a behavioral presentation of a gene that gets presented in a wide variety of diagnoses and in biological states. This is rather than as a subtype of OCD. Hoarding as a behavior can present a significant harm to the person or a significant risk of harm to the person that needs to be incorporated into a diagnosis of hoarding as its own syndrome."

The second general theme that was represented in the study was that there are different types of hoarders that suffice to Hoarding being a subtype or a separate disorder. A representative example of this theme is

"A number of different types of hoarders. Some seem very OCD-like while others have a much more emotional, almost rational attachment to objects. So, I think there are a type of hoarding that is indeed a subset of OCD and a type that's clearly a whole separate disorder."

The third general theme that was represented in the study was that OCD and Hoarding is a subtype of a third disorder. A representative example of this

is "I think both are subtypes of a third issue, so no, I do not think hoarding is a subtype of OCD."

The fourth general theme that was represented in the study was to research the relationship between Obsessive Compulsive Personality Disorder and OCD Hoarding. A representative example of this theme is "Hoarding also is a feature of OCPD which is much less treatable than OCD. Research needs to distinguish between OCPD & OCD Hoarding."

The fifth general theme was the different characteristics that make Hoarding a separate disorder or subtype. A representative example of how Hoarding's characteristics represent a separate disorder is

"I have read that in the DSM-V, the hoarding disorder (Compulsive hoarding) is expected to be defined as a discrete disorder than being a symptom of OCD. In my experience working with clients who have a hoarding disorder, the "recommended" treatments for OCD do not always work. I have also found that hoarders with OCD tend to behave differently to "compulsive hoarders". For example, the "perfectionist" OCD hoarder arranges neatly ordered stacks and he or she needs to have their piles sorted and organized "perfectly", while the compulsive hoarder does not have such a drive."

On the other hand, a representative example of characteristics that resemble the subtype is

"I am comfortable with it being a subtype of OCD, particularly given the paralyzing thinking of individuals who hoard and the extreme anxiety associated with getting rid of objects that might be needed. When exploring those thought processes, they are similar to other OCD type thought processes in terms of rigidity, anxiety provocation, ways to challenge them." After evaluating the responses, these results support the hypothesis in the direction of hoarding being a separate disorder.

Discussion

This study supported the hypothesis that Hoarding may be a separate disorder. Under the beliefs domain, it was found the participants somewhat agreed that a hoarder needs control of their possessions while an individual with OCD needs control of their thoughts. Previous research has shown that individuals with OCD feel strongly over their belief that it is important to control their own thoughts. When the need for control is being compromised, the individual with OCD would think negatively toward themselves (Moulding et al., 2009). Similar to an individual with OCD, a hoarder

expresses a dire need to control their possessions and their environment (Steketee, Frost, & Kyrios, 2003).

Under the attachment domain, the participants somewhat disagreed on individuals with OCD would show attachment toward objects like hoarders do. Previous research has shown that hoarders create an identity to their possessions and experience an increase in comfort since it reminds them of positive memories from their childhood (Nedelsky & Steele, 2009). Individuals with OCD do not have attachment toward objects (as most of the participants agreed) but they do experience attachment issues elsewhere. Their attachment issues come in the form of making intimate relationships with other people (Doron et al., 2009). On the other hand, the participants of this study somewhat agreed to the analogy that "attachment toward an item is to obsession as urges to collect is to compulsions." Despite the physicality of being attached to an object is not related to an individual with OCD but the thought process behind hoarding an object is similar to OCD (Pertusa et al., 2010A). This analogy also targets the beliefs domain as well as attachment. This type of analogy was used in previous research to strengthen the debate that Hoarding is a subtype of OCD.

Under the decision-making domain, there were some similarities and some differences between the two disorders. Participants somewhat agreed that individuals with OCD require a lot more time on tasks because of their lack of confidence in their decision making skills. The majority of the participants strongly agreed that hoarders have a difficult time separating the valuable from the nonvaluable items during their decision-making process. Since the participants agreed that both of these characteristics are true, this finding indicated Hoarding and OCD are different. Previous research has stated that the reason why hoarders have a hard time separating the valuable from the nonvaluable items is that they are afraid of making a mistake. Hoarders are more focused on the disadvantages than the advantages of not having the item (Frost & Hartl, 1995). This is different from individuals with OCD because they worry about doing well on tasks, not getting rid of items. However, there are similarities to the anxiety a hoarder and an individual with OCD has because even though it is not clearly stated in the literature, the lack of confidence an individual with OCD may have resulted to them being afraid of making a mistake on a task. Amongst the participants, there were disagreement on whether the responsibility of avoiding harm to oneself applied to both Hoarding and OCD. The participants somewhat agreed that an individual with OCD feels this

responsibility to avoid harm which causes their decision-making to be delayed. However, the participants somewhat disagreed that the cause of a hoarder's delayed decision-making is not because they are responsible for avoiding harm onto themselves. This finding does not support previous research because Frost and Hartle (1995) states that the responsibility of harm applies to both a hoarder and an individual with OCD when it comes to their lack of decision-making.

Besides the analysis of the three domains, clinical psychologists who responded to the essay question in the survey provided other information that makes Hoarding a separate disorder. One clinical psychologist claimed that Hoarding is identified in other disorders and in people who do not have a trace of OCD symptoms. Another clinical psychologist suggested that the behavior of a hoarder (in which they are posing harm onto themselves) makes it a separate disorder. Another clinical psychologist suggested that the treatment plans for individuals with OCD and hoarders are different. Hoarders who are exposed to OCD type treatment do not always work. Previous research has supported this by stated that exposure therapy does not work for hoarders and their symptoms are not cured (Pertusa, Frost, & Cols, 2010B).

In addition to running frequencies for my survey responses, a correlation was run to measure the validity of the survey. There was a strong correlation between question one and question seven. These two questions are from the attachment and belief domains but question seven is an analogy and could be used for either of those domains. Question two and question seven had a very strong correlation as well. Question two belongs to the attachment domain as well. Question two and question one had a statistically significant correlation even though these two questions were from the attachment and beliefs domain. Since question seven was an analogy that could highlight the beliefs and attachment domain, all three questions had a strong correlation with one another. Question six and question four were asking the same question but applying it to either Hoarding or OCD. These two questions had a statistically significant correlation which showed that these questions were constructed properly. Question three and Question four were related to the decision-making domain which were somewhat correlated to each other. Overall, the beliefs domain showed to be the prominent factor in linking attachment and decision-making domains together. The majority of the questions for each of the domains positively and strongly correlated with one another. This suggests

the survey is valid and reliable for another researcher to use.

Once this study was conducted, it appeared to have some limitations. One limitation that may have hindered the study is a small sample size. This small sample size only touched a certain amount of professional psychologists throughout the United States. All of the professional psychologists belonged to the clinical APA division. This study did not measure the psychologist's area of expertise or specific experience. This poses as a limitation because based on their area of expertise, the psychologist's opinion on the issue may differ. The debate on Hoarding is complex and controversial, but for the purposes of the study, the focus was toward specific aspects (such as beliefs) of the debate, for which the number of survey responses were limited. Future researchers should consider expanding the number of questions on the survey to achieve a greater depth of responses. Another limitation is that there were not enough complete responses for the essay question. A lot of the responses were one word answers and did not fully explore what the psychologists' believe on the debate and their reasoning behind it. More in depth feedback would have strengthened the research. In this study, the sample size was thirty participants with the majority of the participants being female. This can pose as a limitation because the female participants may be biased toward Hoarding being a separate disorder or a subtype of OCD. Also, the females were the only ones who expressed their point of view on the debate. This is a limitation because the surveyor never got to see the in depth male point of view on the debate.

After conducting this study, there were trends that emerged from the research. These trends were located in the essay response question. A trend that emerged in this research study was that Hoarding can be a separate disorder and a subset of OCD at the same time. One clinical psychologist explained that basing off of genetics, Hoarding should be a separate disorder but behaviorally, Hoarding can be considered a subtype of OCD. The issue of nature vs. nurture comes into fruition when determining what Hoarding may be considered as. Another clinical psychologist mentioned that Hoarding and OCD together can be diagnosed under a third disorder. This clinical psychologist suggested researchers investigate a third disorder that can umbrella Hoarding and OCD in order to give a proper explanation to what Hoarding is classified as. As the essay responses were being evaluated, four participants claimed that they didn't know the debate existed or that there was a distinction on what Hoarding could be. This is a surprising trend because

it is assumed that mostly all clinical psychologists should be well rounded in the latest research.

This study showed other clinical psychologist's opinions on this topic. This is a significant implication to research because it demonstrates what other clinical psychologists think about the debate from all over the United States. It gives additional supporting evidence on each side of the debate so other researchers know what the majority of clinical psychologists suspect Hoarding to be. This study can help other researchers' branch off of the research already done and create new

directive approaches to study Hoarding. This is a significant implication because it will lead to a better understanding of what Hoarding is. This research can highlight other ways to investigate Hoarding by looking at other variables that can distinguish Hoarding from other disorders. As further research continues to be developed, more treatment options will be available for Hoarders to partake in. Much of the previous literature supported that Hoarding may be a separate disorder but there is still a lot of research to be done in order to truly understanding Hoarding as a disorder.

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Table 1.1

Responses for Questions 1-7

	St. D	Som. D	N	Som. A	St. A
Q1-control of thoughts and possessions	3.3%	10%	10%	53.3%	23.3%
Q2-attachment to objects	10%	30%	23.3%	26.7%	10%
Q3-lack of confidence in decision-making skills	10%	23.3%	16.7%	33.3%	16.7%
Q4-Responsibility of avoiding harm-OCD	6.7%	16.7%	16.7%	43.3%	16.7%
Q5-Separation of Valuable/NonValuable Items	3.3%	6.7%	0	10%	80%
Q6-Responsibility of avoiding harm-Hoarding	20%	30%	16.7%	26.7%	6.7%
Q7-Obsession/Compulsion Analogy	13.3%	6.7%	6.7%	53.3%	20%

Table 1.2

Correlations Between Question 1-7

	Q1	Q2	Q3	Q4	Q5	Q6	Q7
Q2	.409*	1.000	-.111	.083	.161	.019	.628**
Q3	.171	-.111	1.000	.345*	-.033	.068	-.109
Q4	-.035	.083	.345*	1.000	-.048	.388*	.114
Q5	.335	.161	-.033	-.048	1.000	-.133	-.044
Q6	-.142	.019	.068	.388*	-.133	1.000	-.027
Q7	.687**	.628**	-.109	.114	-.044	-.027	1.000

* . Correlation is significant at the 0.05 level (2-tailed)

** . Correlation is significant at the 0.01 level (2-tailed)

*** . Correlation is significant at the 0.01 level (2-tailed)

Appendix A

Please select one of the following choices that apply to the statements.

1. A hoarder needs control of their possessions just as an individual with OCD needs control of their thoughts.
Strongly Agree
Somewhat Agree
Neutral
Somewhat Disagree
Strongly Disagree
2. An individual with OCD will show attachment toward objects like hoarders do.
Strongly Agree
Somewhat Agree
Neutral
Somewhat Disagree
Strongly Disagree
3. Individuals with OCD require more information and time on tasks because of their lack of confidence in their decision-making skills.
Strongly Agree
Somewhat Agree
Neutral
Somewhat Disagree
Strongly Disagree
4. For an individual with OCD, the responsibility of avoiding harm to oneself causes a delay in the decision-making process.
Strongly Agree
Somewhat Agree
Neutral
Somewhat Disagree
Strongly Disagree
5. During the decision making process, hoarders have a difficult time separating the valuable from the nonvaluable items.
Strongly Agree
Somewhat Agree
Neutral
Somewhat Disagree
Strongly Disagree
6. The responsibility of avoiding harm to oneself causes a delay in the decision-making process for hoarders.
Strongly Agree
Somewhat Agree
Neutral
Somewhat Disagree
Strongly Disagree
7. Attachment toward an item is to obsession as urges to collect is to compulsions.
Strongly Agree
Somewhat Agree
Neutral
Somewhat Disagree
Strongly Disagree
8. What are your thoughts on the debate about hoarding; is it a subtype of OCD or is hoarding a separate disorder?
Explanation:
9. Gender: Male
Female
10. Years of Clinical Experience: 1-5 10-15
5-10 20+
11. Age: ____

Appendix B

Informed Consent Form
Endicott College
Hoarding and Obsessive Compulsive Disorder

You have been asked to take part in the research project described below. The researcher will explain the project to you in detail. You should feel free to ask questions. If you have additional questions later, Megan Martins, the person mainly responsible for this study, will discuss them with you.

Description

Potential participants are being asked to volunteer for this study for the purpose of investigating psychologist's opinions about the relationship between Obsessive Compulsive Disorder and Hoarding. The research is being conducted by Megan Martins. Your participation in this study is entirely voluntary and all responses will be kept confidential and, where possible, anonymous. Please click "next" below if you agree to participate in this study.

Procedures

You will be filling out a survey with demographic information and questions regarding statements that show similarities and differences between Obsessive Compulsive Disorder and Hoarding. The completion of this assessment should take approximately 10-15 minutes.

Risks or discomfort

This survey poses no unreasonable physical or psychological risks beyond those encountered in daily life. If you feel uncomfortable or have any concerns, please feel free to bring these concerns to the attention of the researcher administering the assessment. You may contact the principal researcher, Megan Martins, at mmart544@mail.endicott.edu or 617-908-9986. The Institutional Review Board, are responsible for ensuring the well-being of human subjects, may be reached via Valerie Smith at 978.232.2156

Benefits of this study

Although there will be no direct benefit to you for taking part in this study, the researcher may learn more about what their personal opinions are on the relationship between Obsessive Compulsive Disorder and Hoarding. In regard to the current debate about Hoarding, the researcher may learn more about what the psychologists believe is an adequate classification for Hoarding. Such knowledge may be used to help strengthen one side of the debate. Participants will have the opportunity to review the results upon their request.

Confidentiality

Your participation in this study is strictly confidential, and none of the information gathered will identify you by name. This consent form will be maintained in a document folder by the researcher for a period of three years.

Voluntary participation and withdrawal

Participation in this study is voluntary, and refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled. You may discontinue participation at any time, and you may skip questions.

Consent statement

By completing this survey, you are consenting to participate in the study being administered by the above researcher at Endicott College. This statement certifies the following: You have read the consent and all of your questions have been answered. You understand that you may withdraw from the study at any time, and that you will not lose any of the benefits that you would otherwise receive by withdrawing early. All of the answers you provide will be kept private. You should know that you have the right to see the results prior to their being published. A copy of the informed consent will be provided upon request by appropriate regulatory bodies.

